

Step	Reason and patient-centred care considerations
9. Remove appliance and dispose of in a disposable bag or receptacle.	To ensure safe disposal.
10. Wash skin surrounding the stoma with warm water and wipes.	To remove excess faeces and ensure skin is intact.
11. Observe surrounding skin for signs of redness and excoriation and also colour and condition of stoma.	To ensure complications are identified promptly.
12. Dry skin thoroughly around stoma site and apply barrier wipes or sprays.	To prevent excoriation and to ensure the new appliance will be securely attached.
13. Prepare appliance and place in position.	Ensure appliance is prepared as per manufacturers guidelines. This will ensure skin is protected.
14. Dispose of any waste products as per guidelines.	To ensure safe disposal.
15. Remove your apron and perform hand hygiene and document in the patient's notes the care you have given and any relevant observations of pressure areas etc.	Reduces the risk of infection. Maintains patient safety and accurate records.
16. Offer or support the patient and ensure the patient is comfortable.	

Evidence base: Baillie L. (2009); Doughtery and Lister (2011); NMC (2007, 2015)

Peripheral vascular cannula care

What is normal?

Many patients who are cared for in an in-patient environment such as an acute hospital will have an intravenous peripheral cannula inserted. This device is

usually located in the back of the hand or forearm but occasionally may be sited in other places such as the foot. It is used to provide intravenous medications and/or fluids. Blood samples may be obtained at the time of insertion but that should not be the only reason for inserting a cannula. Cannulas should be removed if no longer required.

☑ Before you start

Remember the common steps for all care delivered to assist patients. This procedure uses the aseptic non-touch technique; make sure you are familiar with it.

☑ Essential equipment

Suitable personal protective equipment (PPE), in this case, gloves and apron are sufficient

Bactericidal alcohol hand gel

A clean trolley or surface for your equipment

Sterile dressing pack (containing sterile swabs) and normal saline

Antiseptic solution (as per local policy)

Transparent dressing (as per local policy)

Sharps bin (may be required)

☑ Field specific considerations

If assisting a patient who has a learning disability, it is important to ascertain their level of understanding.

As is appropriate depending upon the age of a child, encourage and assist parents or carers to become involved in care to maintain as far as is possible their normal caring role.

Reassurance may be required as some patients may associate peripheral vascular cannula care with the pain/discomfort of having the cannula inserted in the first place.

☑ Care setting considerations

Predominantly in an in-patient care setting.

☑ What to watch out for and action to take

Infection is a risk when patients have a peripheral vascular cannula in-situ; be aware of what the common signs and symptoms of infection are and report anything abnormal to your mentor or other registered healthcare professional.

☑ **Helpful Hints – Do I ...?**

- Gloves and aprons must be worn if contact with blood/body fluids/excreta is anticipated or the patient is in isolation.
- Hand hygiene must be performed before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient and after touching a patient's surroundings.
- Waste should be disposed of in a clinical waste bag if it is contaminated with blood/body fluids/excreta.

Step	Reason and patient-centred care considerations
1. Perform steps 1-6 of the common steps (pp. 104-105).	To prepare the patient and yourself to undertake the skill.
2. Position the patient for the procedure.	To allow ease of access, maintain patient comfort and to adhere to moving and handling regulations.
3. Remove any dressings which may be in-situ.	To allow inspection of the cannula site.
4. Examine the skin around the cannula looking for: Redness/inflammation/swelling Discharge/bleeding	To assess for signs of infection. If any of these are present, seek advice from your mentor or other registered nurse/healthcare professional.
5. Clean the site with sterile swabs and normal saline, being careful not to dislodge the cannula.	To cleanse the skin and remove any residue which may cause skin irritation.
6. Dry the area thoroughly.	To prevent any deterioration of the skin.
7. Scrub the port(s) of the cannula using an antiseptic solution containing 70% isopropyl alcohol for 15 seconds or more (or as per local policy).	To remove any microbial contamination and reduce the risk of infection.

Step	Reason and patient-centred care considerations
8. Apply sterile, transparent dressing (as per local policy).	To allow visual inspection of the cannula site and reduce the risk of mechanical phlebitis. Do not secure with a bandage as this prevents the site from being observed.
9. Perform steps 7-10 of the common steps (pp. 104-105).	To ensure that the: <ul style="list-style-type: none"> • patient is safe, comfortable and receiving the appropriate care. • results have been documented in the patients records. • any equipment is clean and ready to be reused.

Evidence base: Dougherty and Lister (2011); Health Protection Scotland (2012); McCallum and Higgins (2012); NMC (2015)